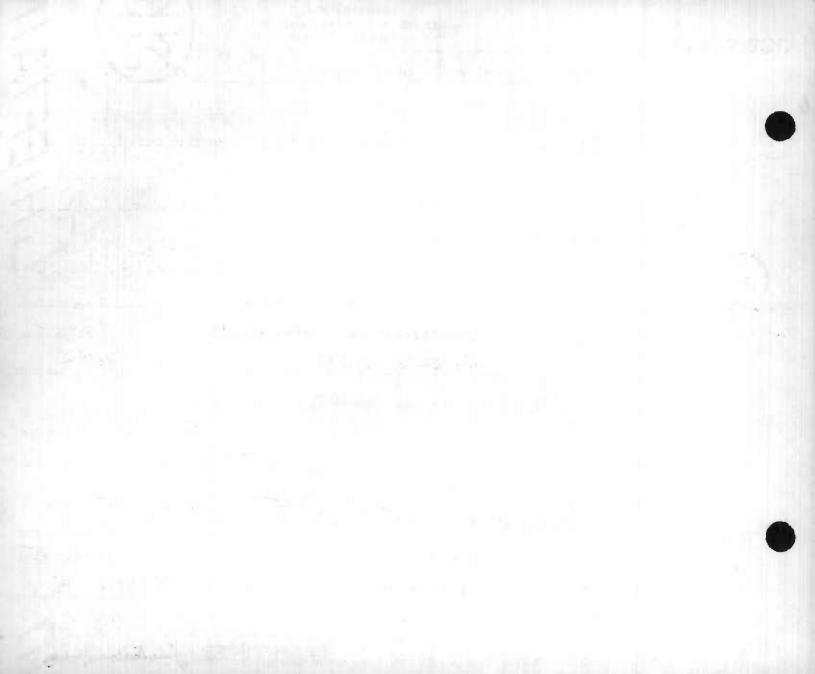
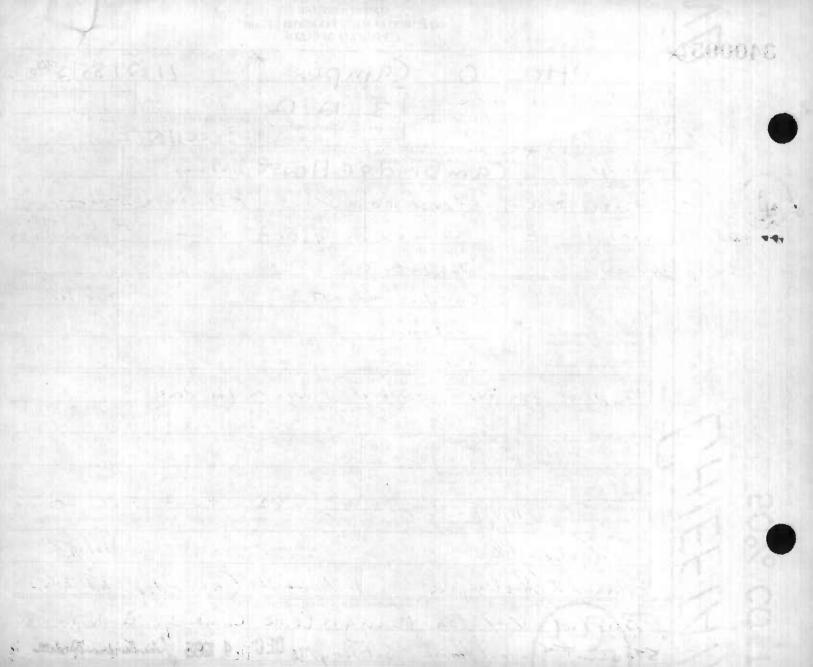
5083	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	5 1 6 5
e coth	(TYP	CEASED NAME FIRST		Aaron	November 10,	1985 7:00a
ge 4 mo) ector. po	3. SE	x male	white	April 19,1927	6. AGE (IN YEARS LAST BIRTHDAY) 58 YRS	IF UNDER 1 YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN.
nerol dir n 72 hou	70 B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	U. S. A.	MARRIED IN NEVER MARRIED WIDOWED DIVORCED	Dorchester	
s ofter d	10 C	Cambridge	11. NAME OF HOSPITAL, NI DORCHESTER	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) General Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	12b. KIND OF BUSINESS CO
1 1 36	USU 13a	AL RESIDENCE (# NURSING HOME O STATE 136 COL) Md. I	N 13c CITY OR	BEFORE ADMISSION) TOWN 134 INSIDE CITY LIMITS? CTSVILLES NO KX	13e STREET ADDRESS / ZIP CODE	21634
1 19790	14 F	ATHER'S NAME FIRST George	Aaro Aaro			Creighton
1		WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GO	VE WAR OR DATEST	SECURITY NO. 17 INFORMANT 20-4777 Mary Lee	Aaron Hoopers	ville Md.
w requires that the been signed by the mit. Then please remain to buriel, creamy injury, or other	ATION	cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION		SEQUENCE OF TO DEATH BUT NOT RELATED TO THE TERM THICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	/EN IN PART TIO S, WERE FINDINGS USED FYING CAUSES OF DEATH?
physicion. Trificate hos all-tronsit per tol Hy	AL CERTIFICATION	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH			S NO
G PHYSICIAN prending ph er this certific s the buriol-tr and Mental	MEDICAL	(# EITHER NOTHY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AL WORK	R) P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY O	211 LOCATION	CITY OR TOWN	COUNTY STATE
HOSPITAL OR ATTENDIN wined by the hospital or of FUNERAL DIRECTOR, After build be detached for use or the State Dept of Health the State Dept of Health	,	220.1 certify that (1) (this hasp saw the deceased alive o	on view the body after death.	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	19 , that (I) (week larger and from the causes stated 22c. DATE SIGNED 216/3
BP	23a	BURIAL, CREMATION, REMOVA	23b. DATE 11/13/85	23c. NAME OF CEMETERY OR CREMATORY Trinity Churchya	123d LOCATION LTC Church Cre	ek Dor. State
BP DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR THOMAS FUNER		STORE MD 250. DA	TE REC'D. BY REGISTRAR 256. REGIST	

322058	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG CATE OF DEATH		G. NO.		
366030	I. DEC	EASED NAME FIRST	MI	IDDLE	ı	AST	20 DATE OF DEA		DAY YEAR	2b. HOUR
oy be		MABEZ	Cust	is B	ANN	1067		11-6	- 85	10:30 A
tor. page offer de	3 SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LA	AST BIRTHDAY)	IF UNDER 1 YEAR	
Page 4		Female	Whit	е	Apri	1 7°, 1913	72	YRS	MONTHS DAYS	HOURS MIN.
oth. Page eral direct 72 haurs o		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CI		OF DEATH	
o the oth		Virginia	US		WIDOWE		Dorc	hester	Co.	MD.
P 24	10 CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	120 USUAL OCCU	JPATION	126. KIND (OF BUSINESS OR
by th		ambridge				l Hospital	Homem	aker	TI II TOOSTAT	01110
d is bound	13a. S	L RESIDENCE (IF NURSING HOME OF TATE 113b. COUR	OTHER INSTITUTION C	GIVE RESIDENCE BEFORE	ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP COD	/	1012
BALTIMORE, MAKTLAND Completely fille Completely fillely fille Completely fille Completely fille Completely fille C			chester	Cambri	dge	YES 🕅 NO 🗌	200 C	cusadei	Rd A	pt. 105
# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14. F.A	THER'S NAME FIRST	WIDDIE	LAST		15 MOTHER'S MAIDEN NA	ME	DIE	LA	iSt
A D de S			Tankard	Custi		Mo11y			andle:	
the second secon	16a. V	VAS DECEASED EVER IN U.S. AR (15 NO OR UNKNOWN) (15 YES, GIN	VE WAR OR DATEST	16b SOCIAL SECU		17 INFORMANT		700 Ra		
Guil 1/		No		214-07-	-8310	Bonnie C.	Meyer C	ambrid	ge, Mo	d. 21613
a Cush i		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE					-11		0.1	XIMATE INTERVAL
. r 60 e			TE CAUSE (0)	CHEDIC	7-60	ENIC SHO	CK		1 8 h	Louis.
or the cort			DUE TO, OR	AS A CONSEQUE	ENCE OF	111-10	27011		48	aus
dec dec		Conditions, if any, which gave rise to immediate				AL INFAR	1100			-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert attending physician. When the please remove carbon as the burial-transit permit. Then please remove carbon th and Mental Hysiane prior to burial, cremation, or re- arked at Henri 18 shows any injury, or other traumatices		couse (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQUE	TENCE OF	SION			487	8028
S, 20 signed nen ple a burio	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR	CONDITION GI	VEN IN PART 1	(a)
been mit. The prior to prior to the prior to	CERTIFICATION	19a DATE OF OPERATION	19h CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	20b. IF YE	S, WERE FIND	INGS USED
has b	IFIC					_	YES T NO		FYING CAUSE	S OF DEATH?
A The sicro	CERT	710. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR		FINJURY IN ITEM 18	PART T OR PART 2)	
ON OF V Signal phy Signal phy Souriel-tra Mental P		OR CONTRIBUTING CAUSE OF DE			AY YEAR					
HYSh Iding Mer Ar He	MEDICAL	214 INJURY OCCURRED	21e. PLACE C	OF INJURY		211 LOCATION	CID	ORTOWN	COUNTY	STATE
IVISI offer the ser the ser the ser the	¥	WHILE AT WORK AT WORK	(AT HOME STRE	EET, FACTORY, OFFICE, I	FARM ETC }	SINCE		1		
COLIN OC SECOND		27a.1 certify that This hosp	ital) attended the			12 1985	, to	11/6	19 05	, that (1) we) last
Portol Po		sow the deceased alive or above (1) (we) (did) (did no	ot) view the body o	ofter death. 19_	00,00	nd that in (my) (our) opinion	death occurred on	the date and ha	or and from the	e couses stated
OR A DIRECTOR A DIRECTOR OF THEM		27b. SIGNATURE	11 1	, -		DEGREE	4.4504644	07.455	1	ESIGNED
A A A A A A A A A A A A A A A A A A A		Michaela	. Musk	Sols	PA		MEDICAL DIRECTOR P	HYSICIAN	11-	6-85
HOSPITAL ined by th FUNERAL wild be det h the State		226. PHYSICIAN'S NAME (TYPE	14	0	An	22e ADDRESS	Land ST	. 0 0	2.1	
O HOSP etained TO FUNE		MICHAEL A		KEWICZ			YEN ST		20066	M) .
ber 2.	23a. l	BURIAL, CREMATION, REMOVAL	23b. DATE 11/8/	85 Mc		EMETERY OR CREMATORY ts Cemetery	23d LOCATION	öck, D	O TOUNTY M	STATE
BP		JNERAL DIRECTOR	111/0/			Tate DAY	TE REC'D. BY REGIS			_
DHMH - 16 50M 4/83		NAME	1 11	ADDRESS C	Cambr	idge.		10	widon A	
(VRA 15, 4)	1.	nomas Funera.	T Home_	100 Toc	ust	St. Md. 110V	5 (2 (200))	- guilla	MA COOK	Dept 4 B

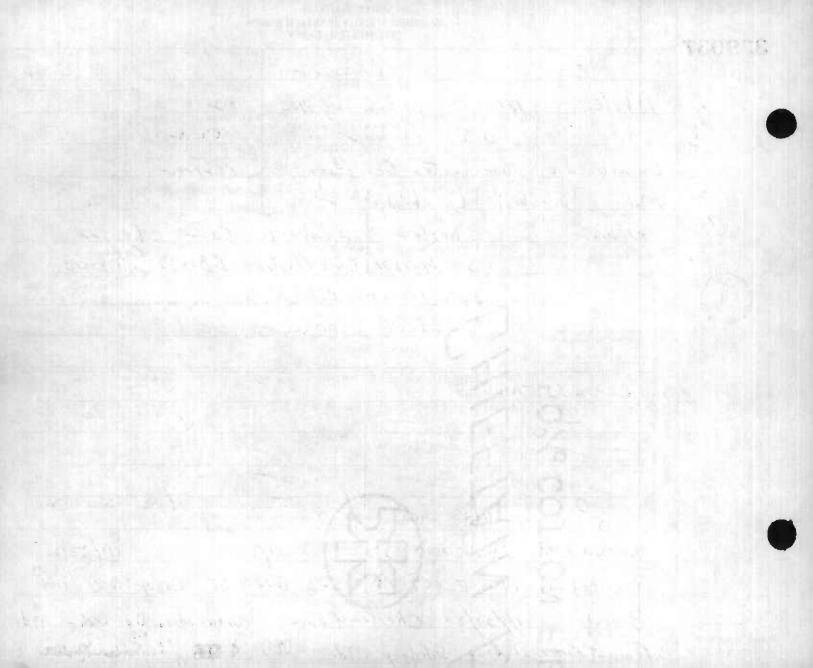
STATE OF MARYLAND



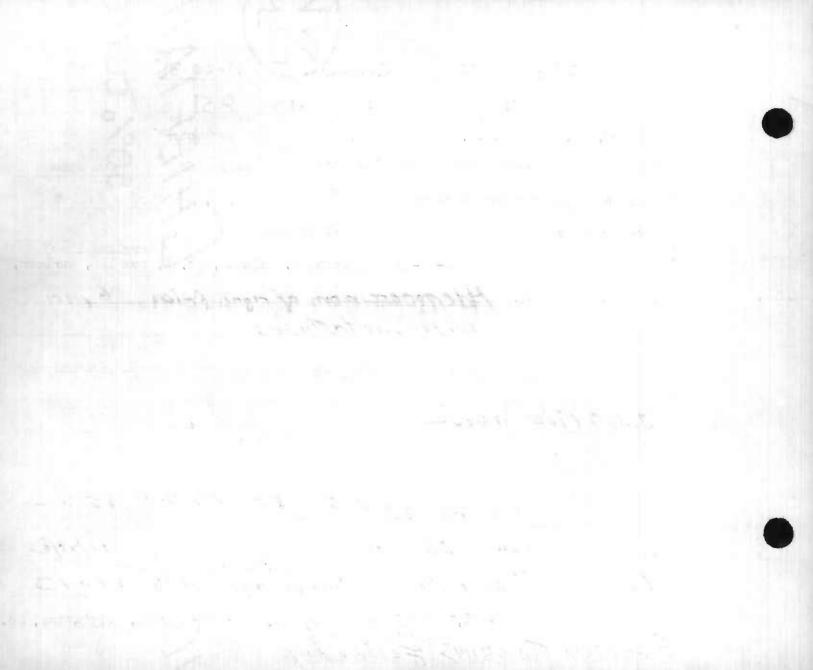
340005	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	0 5 (
Advo do bone 3		A. A	V YEAR 28. HOUR 28. HOUR 29. M. UNDER 1 YEAR IF UNDER 24 HRS. NIHS DAYS HOURS MIN.
er death. Pager I Lorenza derect with 272 bourse	Do	SIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED D	MD.
Olled in ty in	USU 130.		1013 TREET
MORE, MARY and colpidation Properties	16a. \	ATHER'S NAME TO A WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT WE'RE NO OR UNKNOWNY (IF YES, GIVE WAR OR DATES) 220-/2-0496 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS ADDRESS	AMPER NAME
b certificate by dainy physicial corbonopers. or removal.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH M, M L
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALT ING PHYSICIAN: The low requires that the death certificate by the this certificate has been signed by the attending physicion os the buriol-transt permit. Then please remove carbon papers inh and Mental Hygiene prior to buriol, cremotian, or removal. orked or them 18 shows any injury, or ather traumatic event, the		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. (b) LLLLLU LLLLU DUE TO, OR AS A CONSEQUENCE OF LLLLU LLLLU (c) LLLLU CONSEQUENCE OF LLLL CONSEQUENCE OF LLLLU CONSEQUENCE OF LLLU CONSEQUENCE OF LL	
corbs, 20 mm requires been signe mit Then pl prior to buring to buring to buring, 60 mm in priory, 60 mm in prior in	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN No prior symptoms - pressure of sudden Cardiac death 190. DATE OF OPERATION 1906. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 1006. IF YES,	WERE FINDINGS USED NG CAUSES OF DEATH?
N OF VITAL RE SECIAN: The Ic ng physicion. certificate hos uriol-transit per ental Hygiene. Item 18 shows		YES NO YES 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	NO
DIVISION DING PHYS or attending : After this c se os the bur colith and Me marked or it	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN 22e. I certify that (1) (this hospital) ottended, the deceosed from 1990 2.2. 19 8 10 10 10 10 10 10 10 10 10 10 10 10 10	COUNTY STATE
by the hospital by the hospital by the hospital brecton be detached for w. State Dept. of H and 1 is them 21 is		saw the deceased alive on above (1) we) (did (did na)) view the bady after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL retained by 1/1 TO FUNERAL should be detained by the State with the State	23n.	Edward J. Mac Laughin 1236 NAME OF CEMETERY OR CREMATION, REMOVAL 236. DATE 1236 NAME OF CEMETERY OR CREMATION 236 LOCATION 1236 NAME OF CEMETERY OR CREMATORY 236 NAME OF CEMETERY 256 NAME OF CEMETERY	Ad 2 Ke/)
BP DHMH - 16 50M 4/82 (VRA 15, 4)	24, F	FUNERAL DIRECTOR STANDARD STA	AR'S SIGNATURE



	1.	FOR STATE	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H	YGIENE 5	5 1 0 3 9
9037		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0.
3007		CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26 HOUR
0 th	(TYPE	ELS TO	- 1	PHOSTA -		11 23 85 5:30
deod	3 SE		4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	
of e	3 32	11/2	01 11	MONTH DAY YEAR	0 -	MONTHS DAYS HOURS M
21/1/		11/9/6	DIACH	Feb. 24. 1903	82	YRS
32 26		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
12 0		Md.	115.	WIDOWED DIVORCED	DOF	-
-27	10 C	ITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
11/1/2	1	1 1-0	(IF NOT IN SUCH FACILITY, GIVE STE	P //	(TYPE OF WORK FOR MOST O	
	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BE		1 apere	
1 660	13a. S	STATE 138 COUN	ITY I BE CHTY OR TO	DWN 134. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE
2-1-	/	1d. 101-0	chesler Lam	Didge YES NO		XIGIL
101	14. FA	ATHER'S NAME FIRST	MIDOLE I AST	15. MOTHER'S MAIDEN N	NAME	LAST
////		William)	B. Chert	er Arrie	R. Carr	Cherter
UIL		VAS DECEASED EVER IN U.S. AR		CURITY NO. 17 INFORMANT	ADDRE	ss Camb.
2 3/	1	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	-7371 Fire Ches	TO RYLBAX	3) md 21413
		I., a.,,,,	1210-17	-7311 EVache)	er Mapor	
8 7		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	D BY: NECRO 7	121NG7 VASCULI	0	APPROXIMATE INTERVA BETWEEN ONSET AND DE
1 30	100		E CAUSE (o) 10EC 800 1	121001 DNSCOLLI	113	ONE WOW
1		736 HIS -45 30	DUE TO, OR AS A CONSEC	DUENCE OF		
otion	-	Conditions, if ony, which	(b) WEV	JEE'S GRANULUI	ma tosis	
er tr		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		
l, cr oth		underlying couse lost	(6)			
0.0		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONF	DITION GIVEN IN PART I.o.
d in	N	REWAL	FAILURE			
11	CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
berr	띮					IN CERTIFYING CAUSES OF DEATH?
6 5	ER.	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21. HOW IN HIRV OCCI	YES NO	YES NO
18 18		OR CONTRIBUTING CHISE OF GEA	110110 4 41 1401	DAY YEAR	JRRED (ENTER NATURE OF INJUR	Y IN ITEM TO PART TO PART 2)
Mentol m Item	S	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		
d A P	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFEN	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
rked	2	AT WORK AT WORK				, and the second
a of		22a. I certify that (1) (this haspit	tal) attended the deceased from	11/14 1985	. 10	23 1985 thor (1) (we
of He		sow the deceased alive on	1//22 10		on death accurred on the da	ate and hour and from the causes state
D to E		obove (1)(we) (did)(did not	t) view the body offer death.	DEGREE		22c DATE SIGNED
uld be deroched the State Dept ORTANT: If her		11.00.00.0	(and) never	ATTENDING	. MEDICAL STAF	. / / -
State ANT: P		Villeanic 4	Mostana	PHYSICIAN	DIRECTOR PHYSIC	IAN 1//23/85
with the State	-	22d PHYSICIAN'S NAME (TYPE O	R PRINT!	27e ADDRESS		216,13
# 0g		MINICHAEL H	, MOSKEWIC	2 MD 503 B	4RN ST. C	COMBAINGE MO
3 3	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE 23	L. NAME OF CEMETERY OR CREMATOR	y 23d LOCATION	
		Burial	11/23/85	al.t.	CITY OR TOWN	COUNTY STATE
	24 FI	JNERAL DIRECTOR	11/11/0-1	1250 D	ATE REC'D. BY REGISTRAR	25b REGISTRAR'S SIGNATURE
OM 4/83	-17	NAME	ADDRES	nc		1
, 4))	Tewant FUNE	cal Hand Sali	should Mid. UE	U 4 100	Willia Daviden Books Blo



37087	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH		S 5 REG.	J NO.	0	5 7
		CEASED NAME	FIRST		MIDDLE		AST	20	DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
deop			Sinz		2	0	15m3n		11-50-	82		M
ge 4 may be ector, page 3 rs ofter death	3. SE	×F		Neo!	10	5. DATE C	DAY YEA		AGE (IN YEARS LAST)	PRINDAY)	# UNDER 1 YEAR	HOURS MIN.
ath. Po neral dir n 72 hou		RTHPLACE ISTATE OR COUNTRY) [urlock. Mc		U.S.	WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIE	ED 🗇	BALTIMORE CITY Dochest		Y OF DEATH	MD
by the fu		nty or town of DE	ATH	Dorches	HOSPITAL, NURSING FACILITY, GIVE STREET GENERAL CONTROL OF THE CON	ADDRESS) H	Spital	17	USUAL OCCUPA YME OF WORK FOR MOS LOUSOWIFE	OF WORKING I		F BUSINESS OR
should be fi	13e	al residence if Nur State ryland	13b COUN		GIVE RESIDENCE BEFORE 13¢ CITY OR TOW Hurlock		13d. INSIDE CITY LIM	AITS? 13	street address	ZIP COD	£ 2/6	543
completely 1 and 2 sh	14. F.	Isaac Com		MIDDLE	LAST		Nellie I	Lake	WIDDIE		łAS	1
die die		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADD	RESS Mai	ryland 2	21643
000 8		No	1# 163,014	t was OR DATES;	220-10-6	6380	Bertha M.	. Cole	eman, Rt.	2, B		
nding physicial corban papers, ar remaval.		PART I. DEATH V	VAS CAUSEI	E CAUSE (a)	degoc	sanc	tostas	Fri	ght co	lon		MATE INTERVAL ONSET AND DEATH
signed by the ottending then please remove carb to burial, cremation, ar njury, ar other traumatic	7	Conditions, if any gave rise to im cause (a), stati underlying cause	mediate ng the e last.	DUE TO, O	R AS A CONSEQUI	ENCE OF	NOT RELATED TO TH		AL DISEASE OR CO	NDITION GI	VEN IN PART 110	0.
prior any	CERTIFICATION	19a DATE OF OPERA	TION 1985	- 196 COND		OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERT	S, WERE FINDIN	
is certificate has burial-transit pe Mental Hygiene or Hem 18 shaws		210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	111	DE INJURY M. MONTH D.	AY YEAR	21c HOW INJURY C	OCCURRED	(ENTER NATURE OF IN	JURY IN ITEM TB	PART 1 OR PART 2)	
After this certifie as the burial-toolth and Mental marked or Item	MEDICAL	ZIE INJURY OCCUR	/HIRE	21e. PLACE JAT HOME STI	OF INJURY REET, FACTORY, OFFICE, P	ARM, ETC)	211 LOCATION STREET	,	CITY OR	rown	COUNTY	STATE
	Н	220.1 certify that (I saw the decease above, (I) (we)	sed plive on.	VUV	20 19		id that in (my) (our) o	opinion deo	, to the occurred on the	date and ho	ur and from the	that (I) (we) last couses stated
AL DIRECTOR detached for u ote Dept of He IT: If hem 21 is		276. SIGNATURE	m	Jus	ditt	- n	DEGREE ATTEND PHYSIC		MEDICAL ST	AFF SICIAN []	22c DATE	SIGNED S
etained by the TO FUNERAL D should be detac with the State D MAPORTANT: H		22d PHYSICIAN'S N	AME (TYPE O	Bur	dette		Comb	ridi	ge 1	ist	2-16	13
BP			REMOVAL	NOV.			EMETERY OR CREMA Market C		23d LOCATION CITY OF TOWN New 1	larket	, Dorche	ester, M
HMH - 16 50M 4/83 (VRA 15, 4)		RAM PTO	m-ki	HWD	1/8/ SADDRI	300	RAISRIPA	L 25	C'D. BY REGISTRA	R 256. REGIS	TRAR'S SIGNAT	



340007	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	5
e 0 €		ORPRINTI WILLIAM	M. FAU	ntLeroy	20. DATE OF DEATH MONTH	16 85 10 SAM
2 1/4	3. SE	M	BIACK	S. DATE OF BIRTH MONTH DAY JEAR JEAR	6. AGE (IN YEARS LAST BIRTHDAY) 70 YRS.	FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Genth P.	(RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	JUECHESIKE	2 CO. MD.
201 Constitution of the	C	TY OR TOWN OF DEATH	Do-cherte	- Gen. Hosp.	120 USUAL OCCUPATION I TYPE OF WORK FOR MOST OF WORKING LII	126 KIND OF BUSINESS OR INDUSTRY
. 2	130. 9	TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY Cheste - 13 CITY OR TOV	13d INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CODE	2/21613
- A / / / /	n	THER'S NAME FIRST	H. Fauntle	15. MOTHER'S MAIDEN N.	Lou Eva So	hasen
TIMORE TO SERVICE OF S		VAS DECEASED EVER IN U.S. AT res, no or unknown)	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES!	1-7429 Sayce Bas	TSON 621 Deuglas)	Camb.
ST., BAI of physic on pope removal.		PART I. DEATH WAS CAUSI	nly one couse per line for (a), (b), or ED BY: TE CAUSE (o) MASSIV	E PULMONALO	EMBOCUS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES
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201 W Res that the by please irral, cr		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU			
CORDS, 2	ATION	CARDIAL 190 DATE OF OPERATION	ARRYTHMIAS	DEATH BUT NOT RELATED TO THE TER		S, WERE FINDINGS USED
VITAL REC	CERTIFICATION	11/11/85	ACUTE CHOZELL	1577775		FYING CAUSES OF DEATH?
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DIVISION OF DING PHYSICIA or offending p . After this certif se os the buriol-i solth and Mental morked or item	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, intol) oftended the deceased from		CITY OR TOWN	COUNTY STATE
OR ATTEN OR ATTEN OD RECTOR. Oched for us Dept of Hem 21 is	,	sow the deceased alive or		ond that m (my (our) opinion	n death occurred on the date and hou	or and from the couses stated 22c. DATE SIGNED
PITAL by th EFAL	(Deustal 1220 PHYSICIAN'S NAME 114P	B Kacile	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	11/26/85
TO HOSPI	23a E	DAVID B. J.	TOECKLE MO	200 MARYS	AND AVE COME	1200E, MO21613
BP		Barial	11/30/85	Bethel Cen	e Campaidae	De-chester Ma
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F1	INTERAL DIRECTOR TEWANT FUNE-	al Home Sol	is bony Md. DE	THE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE CERTIFICATE OF DEATH 325095 REGISTRAR REG. NO 1. DECEASED NAME LAST 20 DATE OF DEATH MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT) Elwood JONES 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX MONTH YEAR HOUR5 TO BIRTHPLACE (STATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED TY DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREFT ADDRESS) DORCHESTER GENERAL HOSP. Painter, house. 519 (12) BURGH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 13a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Elliott 21823 YES H NO [4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST MARY EWEZ ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT I IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) Edgar A Ruark Cambridge Md. no 18 CAUSE OF DEATH (Enter only one cause per line for ta), (b), and to).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 200 AUTOPSY? LONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [71m ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTHY MEDICAL EXAMINER) P.M. 21f LOCATION 214 IN JURY OCCURRED 21# PLACE OF INJURY COUNTY STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body at his as 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS with the MER 23e BURIAL, CREMATION, REMOVAL 23h. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION burial Cambridge Dorchester Mem.Pk. Dor. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRARI256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 CAMBRIDGE MD. FUNERAL HOME (VRA 15, 4)

CAMBRIDGE MD.

Julia Duida

THOMAS FUNERAL HOME

(VRA 15, 4)

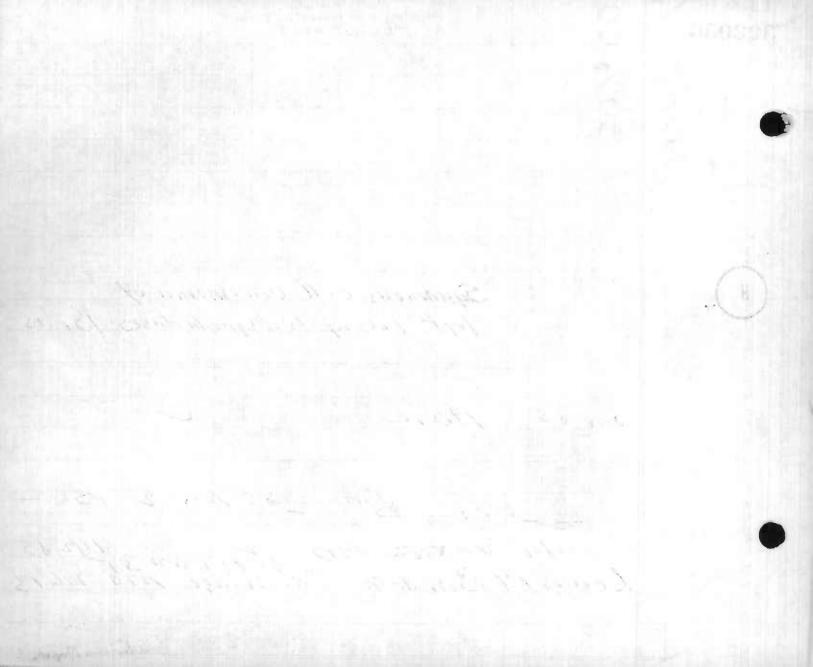
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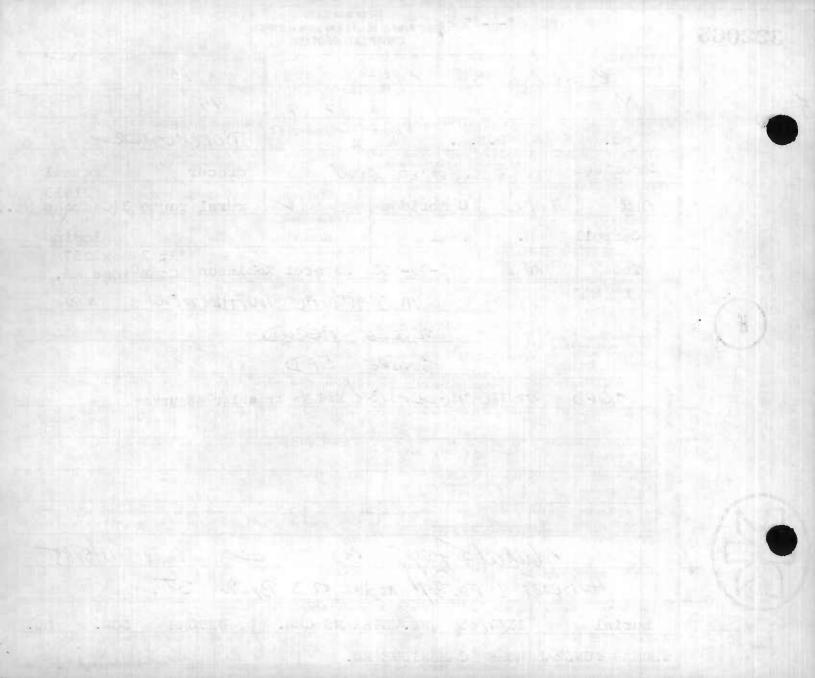
330017	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	5 0 4
y be		CEASED NAME FIRST HEI	ena Kawalsk:	i Linton	20. DATE OF DEATH MONTH D	2 85 1117AM
ge 4 moy	3. SE	Female	1. RACE White	5. DATE OF BIRTH MONTH DAY YEAR 9		IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
eoth. Po	7e. B	IRTHPLACE (STATE OR FOREIGN COUNTRY DELAWARE	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED MEVER MARRIED WIDOWED DIVORCED D	9 BALTIMORE CITY OR COUNTY OF COUNTY	
other d	10 C	Cambridge	Dorchester	RSING HOME OR OTHER INSTITUTION GENERAL Hospital	120. USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFE) HOMEMAKET	12b. KIND OF BUSINESS OR INDUSTRY
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a de		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI			. Linton Item #	
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hos been and the real transfer and the real transfer and	CERTIFICATION	190 DATE OF OPERATION		ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NOW	WERE FINDINGS USED (ING CAUSES OF DEATH?
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TO HOSPITAL OR A Pretorned by the hor TO FUNERAL DIREC Should be defacted with the State Dept MAPORTANT. If here		22d. PHYSICIAN'S NAME (TYPE) FORTUNE	. 11	M D . ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN DE	11/12/85
BP	L	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	7	Dor. Memorial Pa	Cambridge,	Dor. Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR OMAS Funeral	Home 700 Lo	Cambridge, Coust St. Md. NOV	TEREC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE

326141	1.	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYGI ICATE OF DEATH	ENE S C) 3
y be ge 3 deoth		CEASED NAME CHAME	S .	Ma	ershall	20 DATE OF DEATH MON	TH DAY YEAR	25. HOUR p
ge 4 may	3. SE	male	white	5. DATE C	of BIRTH	6 AGE (IN YEARS LAST BIRTHOAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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by the fi	6	Cambridge	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV Dorcheste	er Gener		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Maintain	RKING LIFE) INDUSTRY	ont Co.
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on and co		VAS DECEASED EVER IN U.S. AR/ YES NO OR UNKNOWN} YES VES VES	WAR OR DATES)	16-9044	Sarah T. M	arshall R	nodesdale	Md2165
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Bb Special Strain		BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	23b. DATE 11/9/85		EMETERY OR CREMATORY AND VETERANS		bor.	Mb.
DHMH - 16 50M 4/83 (VRA 15, 4)	24. FI	JNERAL DIRECTOR THOMAS FUNEI	RAL HOME C	ÄMBRIDG		REC'D. BY REGISTRAR 25b.		Control of the

1017	1 7 7	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
m £		OR PRINTI) CLIFFO	20 BENJAMIN	Mari	AST	Zo. DATE OF DEATH MONT		2b. HOUR
000	3. SEX		I RACE	S. DATE O	BEAY	6 AGE (IN YEARS LAST BIRTHDAY	14-85	AR IF UNDER 24 HE
s ofte	J. JL /	male	white	Dec	H DAY - YEAR	70	YRS MONTHS DAY	
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mosol.			only one cause per line for (a), (b), o SED BY ATE CAUSE (a), CAR DIO	nd te 1	IC SHOC	5	BETWEE 3	OXIMATE INTERVAL
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ol-transid mtal Hygie em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	21c HOW INJURY OCCUR	ED (ENTER NATURE OF THURY IN I	TEM 18 PART 1 OR PART :	2)
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far use o of Health			point of the deceased from the latest the deceased from the latest		nd that in (my) (our) opinion	to 17-14 death occurred on the date o	nd hour and from t	_, that (1)(we) he couses stated
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should be detache with the State Dep IMPORTANT: If he		MICHAEL A	. Moskewicz	2 M	503 134 CV	U ST CAM	BRIDGE	21613

STATE OF MARYLAND





39165	1.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO IFICATE OF DEATH	GIENE S	3 6 6 9
oge 3		CEASED NAME FIRST	AND S.	ICHARD 5	TANCEYST	2a. DATE OF DEATH	MONTH DAY YEAR 18 HOUR 29 85 1245.94
ctor. po	3. SE	MALE	1 RACE NEG PW	MO	OF BIRTH DAY YEAR 1 1 97	6. AGE (IN YEARS LAST BIR	THDAY # UNDER 1 YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN.
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tilled in the control of the control	13a. :		UNTY 13c. CIT	PENCE BEFORE ADMISSION Y OR TOWN AMB	YES NO 1	130.STREET ADDRESS	
uted with		ATHER'S NAME FIRST AS BURY		ANLEY	15. MOTHER'S MAIDEN NA	Virgin	
be exection one rs. Poge		NAS DECEASED ÉVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, (GIVE WAR OR DATES)	D-16-99	17 INFORMANT	erving R	FD#3 CAMB.
sic		PART I. DEATH WAS CAUSE IMMEDI	SED BY	EUDOM	ONAS BROM	UCHTIS	APPROXIMATE INTERVAL BETWEEN CHISET AND DEATH 22 Quy
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requires the second signed in Then plead in y injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT ASCVD 190 DATE OF OPERATION			UT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1:0:
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by the hor ERAL DIRE e detoche Stote Dep		22b. SIGNATURE	best y 5	Leey		MEDICAL STAI	FIAN 14/29/85-
TO HOSPITAL retoined by TO FUNERAL should be de with the Stott		220 PHYSICIAN'S NAME (17)	BERT L.	FRERY W	D 303 BY	EN ST.	CAMB. M.L.
BP		BURIAL, CREMATION, REMOVA SPECIFY) Burial	12/3/85	1 -	U. M. Com.	73d LOCATION CITY OR TOWN Taylors	Island Dor. MD.
DHMH - 16 50M 4/83 (VRA 15, 4)		JNERAL DIRECTOR	ral Home 8	ADDRESS 12 Hubba	ne i		25) REGISTRAR'S SIGNATURE

mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

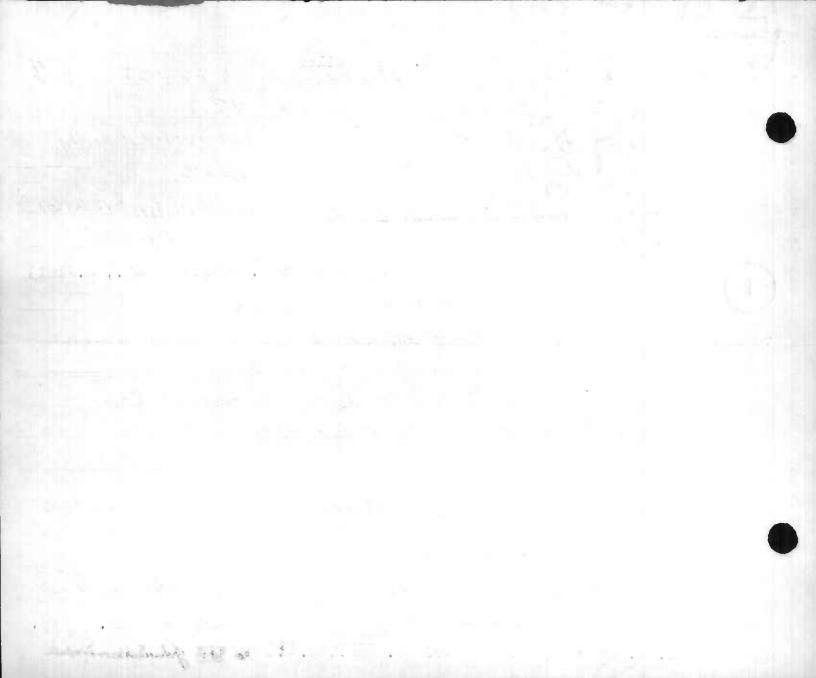
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		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.	
4		CEASED NAME FIRST	Agnes MIDDLE	M. 57	Stiles		MONTH DAY YEAR	2b. HOUR
	3. SE)		4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT		R IF UNDER 24 HRS
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B	130. 9	via. Do		or town mbridge	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / 520 Glen	SULLA AVE.	21613
71	C	haries	Meel Meel	Kins	Emma	WE	Chester	AST
1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCI	1-30-832	V 19	sband) ADDRE		27/72
-		18 CAUSE OF DEATH (Enter of	anly ane cause per line for to	i)_(b), and (c).)	D-Walter	WStiles	Camb Md	OXIMATE INTERVAL N ONSET AND DEATH
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			DUE TO, OR AS A CO	41 A	1. 3 /2.			
		Canditions, if any, which gave rise to immediate	(b) //Cll	The second	eller les			
		couse (a), stating the underlying cause last	DUE TO, OR AS A CO	TE CLEA	1 Volvul	us		
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7	-	OR CONTRIBUTING CAUSE OF D	CAIN	NTH DAY YEAR				
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		220.1 certify that (1) (this has saw the deceased alive o	11-26-83	2_19 or	od that y (my) (aur) apinian	death occurred on the do	19 S 5	that (1) we) last
		abave, (I) (we) (did) (did r	nat) view the bady after deat	h.	DEGREE			E SIGNED
9		Maket	telle	-	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF	F IAN []	
1		MICh M	turlock:	ock med 3				
		URIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	24 FI	Burial	11-30-85	Waugh	UM Cemetery	y Cambridg	e Dor.	Md.
	L.		812 Hubba	ra St. Ca	mb., Md. DEC	02 195 4	Windredon	andelle

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached far use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu MPORTANT: If hem 21 is marked or hem 18 shows any injury,



345049	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.							Zu			
	(TYP)	CEASED NAME EL	SIE		MIDDLE	20	lilson	20. DATE OF D	110	28 85	2b HOUR M
oge 4 mo		female 76 BIRTHPLACE (STATE OR FOREIGN COUNTY)		White 7b CITIZEN OF WHAT COUNTRY? U.S.A.		S. DATE OF BIRTH JUNE 21, 1896 MARRIED NEVER MARRIED WIDOWED DIVORCED		8	YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
deoth. Pe								Dorchester MD.			
201 ors ofter by the f filed with	C	CAMBRIDGE		11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE Cambridge Hou		ouse	R OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY Laboratory aide nos		pital	
AND 21	13a. S	Md.	Dor	1TY	Cambric	N	13d. INSIDE CITY LIMITS? YES X NO [odress Glenburr	a Ave.	21613
. MARYL		Lake		North Is Mother's Maiden Name Elizabeth				Marshall			
be exect on and c		WAS DECEASED EVER II YES, NO OR UNKNOWN) NO	(IF YES, GIV	E WAR OR DATES)	215-20-	0660	T. Wesley W:	ilson	ADZES Br	cland M	laine
ST., BAI	TION	18 CAUSE OF DEATH PART I. DEATH WA		ly one cause per D BY: 'E CAUSE (a)	Acut	e H	part Fai	lura		BETWEEN O	CLY COL
PRESTON PRESTON		Conditions, if any,		DUE TO, O	RAS A CONSEQUE	NCE OF	d			20	Seyr
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DIVISION OF VI	MEDICAL C	OR CONTRIBUTING CA	AL EXAMINER	P. 21e. PLACE		19	211 LOCATION				
DIVISION OF PERFORMANCE OF THE P	ME	WHILE NOT WHILE AT WORK 22a.] certify that (1) (κ —		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	to (1)	CITY OR TOWN	COUNTY	hat (1) (we) last
OR ATTENDIN e hospital or a DIRECTOR, aff ched for use or Oppi, of Health		sow the deceased above, (I) (me) (di 27b. SIGNATURE	d olive an	1111	4/03/19		d that in (my) (our) opinion o	death occurred	on the date and has		auses stated
14 19 5 F 1		22d. PHYSICIAN'S NA	ME (TYPE O		4 aryen		ATTENDING PHYSICIAN X	MEDICAL DIRECTOR	STAFF PHYSICIAN	11/	28/15
TO HOSPITA retoined by TO FUNERA should be di with the Sto	23a.	LAWN!		E M	ARYA		EMETERY OR CREMATORY	23d. LOCAT		12, 10	7
BP		burial		11/30	/85 Ch.	rist	Churchyard	Camb	ridge Do	or. Mo	STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	24 FUNERAL DIRECTOR NAME Thomas Juneal flow Combining md. DEC 005 1986 GIST y STRASSIONARE									

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